

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	✓		6/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	✓		6/5/00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-5-00
2	✓	✓	11-5-00
3	✓	✓	11-5-00
4	✓	✓	11-5-00
5	✓	✓	11-5-00
6	✓	✓	11-5-00
7	✓	✓	11-5-00
8	✓	✓	11-5-00
9	✓	✓	11-5-00
10	✓	✓	11-5-00
11	✓	✓	11-5-00
12	✓	✓	11-5-00
13	✓	✓	11-5-00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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